

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                   | INITIALS | ID NO. | DATE     |
|----------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>   |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b> |          |        |          |
| FORMALITY REVIEW           | LJ       | 857    | 5/9/01   |
| RESPONSE FORMALITY REVIEW  | M.D.     | 675    | 01-15-02 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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| Final    |      |
| Original |      |
| 1        | ✓    |
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| 18       | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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1-18-02

11/21/01

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy